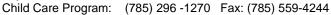
CCL. 005 Rev. 3/2020

Signature for Facility

Kansas Department of Health and Environment

Bureau of Family Health 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274



Website: www.kdheks.gov/kidsnet



YEARLY MECHANICAL SAFETY CHECK FOR VEHICLES USED TO TRANSPORT CHILDREN IN A CHILD CARE FACILITY

Complete a form for each vehicle used to transport children. A record of the check and corrections shall be kept on file at the facility or in the vehicle.

In accordance with K.A.R. 28-4-13 listed for the vehicle identified on		echanical safety o	check has been completed on the i	tems
Tires	Make of car:		Year:	
Lights Windshield wipers	Lights Windshield wipers Horn Signal lights Vehicle Insurance Policy No: Steering Suspension Glass Brakes Personal injury or death in any one accident: Personal injury or death to two or more			
Signal lights				
Suspension				
Brakes Tail lights				
Exhaust system Outside mirror	persons in any one accident: Loss of property:			
The safety check may be complete safety check was completed by		•	o agrees to attest to vehicle safety on(MM/DD/YYYY)	The
In accordance with K.A.R. 28-4-13 kit contains the following:	0(a)(4)(B), a first aid ki	t is required in ve	ehicles transporting children. The fi	irst aid
 Band-aids (all sizes) 1 pkg. gauze squares Cleansing agent (green so 1 elastic bandage Adhesive tape Roll of gauze Scissors 	ap, pump soap antisep	otic ointment or s	pray is acceptable)	
Facility Name Exactly as it Appear	s on the License	L	icense Number	
Street Address		City	County	
I attest that this information is true and correct.				

Date (MM/DD/YYYY)